George W. Roussos (Print Name of lobbyist)

PLEASE PRINT

#### STATE OF NEW HAMPSHIRE

# 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

# RECEIVED

APR 30 2018

**NEW HAMPSHIRE** 

### DEPARTMENT OF STATE I. Name of Lobbvist(s) George W. Roussos and Lindsay E. Nadeau II. Name of lobbyist's partnership, firm or corporation, if any: Orr & Reno, P.A. (Name of partnership, firm or corporation) 45 S. Main Street, P.O. Box 3550 Concord (Town/City) Business Address: (Street) (603) 224-2381 (603) \_224-2318 e-mail groussos@orr-reno.com (Telephone) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: AmeriHealth Caritas (Full Name of Client as it appears on the Lobbyist Registration Form) OR ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. July 25, 2018 IV. Date of Report April 25, 2018 X activity from 4/1/18 to 6/30/18 activity from date of registration to 3/31/18 Reports cover: October 31, 2018 January 30, 2019 activity from 10/1/18 to 12/31/18 activity from 7/1/18 to 9/30/18 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A-Fees and Expenses ☐ If you have paid an honorarium or reimbursed expenses, you must file **Addendum B**— Report of Honorariums or Expense Reimbursement ☐ If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions Sworn Statement/Affirmation by Lobbyist I have featl RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. 04/25/18 (Date)

### P L E A S E P R I N

### STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A. (Name of partnership, firm or corporation)		
III. Name of Client <u>AmeriHealth Caritas</u>	Date <u>04/25/18</u>	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greduced by any expenses:	t relations, or	public relations service
a) Total of all fees received in this reporting period	a) \$	18,900.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ ear)	0.00
c) Total of all fees received to date (Add lines a and b)	c) \$	18,900.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) th during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbic(c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if e may be filed e aggregate to expenses; (b) the cless than \$10 the ed with a valuating period oue of greater er than \$25, by, expense rein	expenditures are made for the lobbyist(s)/fir otal of all expenses pathe aggregate total of chased during a busing that is given to the person that is given to the person than \$25.00 or less); a of greater than \$25.00 or than \$25, purchase of than \$25, purchase of the person than \$25, purchase of
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	100.00
b) Total aggregate of expenditures during this reporting period , not reported in a), of $\$25$ or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	100.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	0.00
f) Total of all expenses year to date	f) \$	100.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading by whom paid or to whom charged.	obbying fees duri	ng this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	111111111111111111111111111111111111111
	\$	
	\$	
	\$	.,,,,
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foreg	oing information
is true and complete to the best of my knowledge and belief.		
I less.	04/05/10	
(Signature of lobbyist)	04/25/18 (Date	:)
	`	
George W. Roussos (Print Name of lobbyist)		

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# **Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:**

Name of Lobbying partnersh	ip, firm, or corpor	ration: Orr & Reno, P.	Α.
Name of Client (leave blank	if Statement is fo	r the partnership, firm, or	corporation and not related to any
particular client): Ameri	Health Caritas		
Date of Report (check one):			
April 25, 2018 ☑ Jul	y 25, 2018 🛘	October 31, 2018 □	January 30, 2019 □
			nd Expenses described above, and umber of Addendum forms being
1 Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that complete to the best of my king.		ief.	nt and each Addendum is true and
(Signature of Johnvist)			
(Signature of lobbyist)			(Date)
George W. Roussos			
(Print Name of lobbyist)			